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PTO/SB/80 (04-05)
Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below (If more than ten patent practitioners are to be named, then a customer number must be used):

Name	Registration Number	Name	Registration Number
Anthony Claiborne	39,636		

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).

Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Claiborne Patent Law Services		
Address	849 136th Ave. N.E.		
City	Bellevue	State	WA
Country	U.S.A.		
Telephone	425-562-6290	Zip	98005
		Email	

Assignee Name and Address: RF Surgical Systems, Inc.
10900 N. E. 8th 900
Bellevue, WA 98004

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

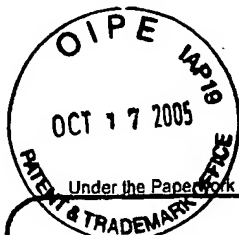
SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature		Date	10/22/05
Name	Kevin Cosens	Telephone	425-214-2330
Title	President		

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



PTO/SB/82 (04-05)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/810,623
Filing Date	03/29/2004
First Named Inventor	BLAIR, William
Art Unit	3735
Examiner Name	LACYK, John P.
Attorney Docket Number	05-1025-01

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☐ The address associated with
Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Anthony Claiborne				
Address	Claiborne Patent Law Services 839 136th Ave. N.E.				
City	Bellevue	State	WA	Zip	98005
Country	u.s.a.				
Telephone	425-562-6290	Email	425-562-6290		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

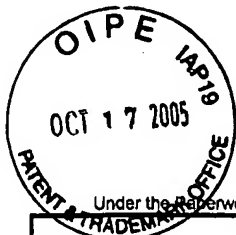
Signature			
Name	Kevin Cosens		
Date	10/12/06	Telephone	425-214-0860

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



PTO/SB/98 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: RF Surgical Systems, Inc.Application No./Patent No.: 10/810,623Filed/Issue Date: 03-29-2004Entitled: Apparatus and method for detecting objects using tags and wideband detection deviceRF Surgical Systems, Inc.

(Name of Assignee)

a corporation

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by percentage) of its ownership interest is _____ %

in the patent application/patent identified above by virtue of either:

A. ☐ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

OR

B. ☒ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: BLAIR, W.A. and PORT, J.L.To: Blair-Port LTD

The document was recorded in the United States Patent and Trademark Office at
Reel 016078, Frame 0713, or for which a copy thereof is attached.

2. From: Blair-Port LTDTo: RF Recon, Inc.

The document was recorded in the United States Patent and Trademark Office at
Reel 016079, Frame 0085, or for which a copy thereof is attached.

3. From: RF Recon, Inc.To: RF Surgical Systems, Inc.

The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

☒ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Signature

Date

Kevin Cosens

Printed or Typed Name

425-214-2880

Telephone Number

President

Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Form PTO-1595 (Rev. 03/05)
OMB No. 0651-0027 (Exp. 6/30/2005)

U.S. DEPARTMENT OF COMMERCE
United States Patent and Trademark Office

RECORDATION FORM COVER SHEET PATENTS ONLY	
To the Director of the U.S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.	
1. Name of conveying party(ies) RF RECON, INC. Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Name and address of receiving party(ies) Name: <u>RF Surgical Systems, Inc.</u> Internal Address: _____ Street Address: <u>10900 N.E. 8th Ave., Suite 900</u> City: <u>Bellevue</u> State: <u>Washington</u> Country: <u>U.S.A.</u> Zip: <u>98004</u> Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Nature of conveyance/Execution Date(s): Execution Date(s) <u>March 25, 2005</u> <input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input checked="" type="checkbox"/> Change of Name <input type="checkbox"/> Joint Research Agreement <input type="checkbox"/> Government Interest Assignment <input type="checkbox"/> Executive Order 9424, Confirmatory License <input type="checkbox"/> Other _____	4. Application or patent number(s): <input type="checkbox"/> This document is being filed together with a new application. A. Patent Application No.(s) <u>60/458,222</u> <u>10/810,623</u> <u>PCT/US04/09584</u> B. Patent No.(s) <u>6,026,818</u> Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Name and address to whom correspondence concerning document should be mailed: Name: <u>Anthony Claiborne</u> Internal Address: <u>Claiborne Patent Law Services</u> Street Address: <u>849 136th Ave. N.E.</u> City: <u>Bellevue</u> State: <u>WA</u> Zip: <u>98005</u> Phone Number: <u>425-562-6290</u> Fax Number: _____ Email Address: _____	6. Total number of applications and patents involved: <u>4</u> 7. Total fee (37 CFR 1.21(h) & 3.41) \$ 160.00 <input type="checkbox"/> Authorized to be charged by credit card <input type="checkbox"/> Authorized to be charged to deposit account <input checked="" type="checkbox"/> Enclosed <input type="checkbox"/> None required (government interest not affecting title) 8. Payment Information a. Credit Card Last 4 Numbers _____ Expiration Date _____ b. Deposit Account Number _____ Authorized User Name _____
9. Signature: <u>Anthony Claiborne</u> <u>6-26-2005</u> Signature Date Anthony Claiborne, U.S.P.T.O. Reg. No. 39,636 Name of Person Signing Total number of pages including cover sheet, attachments, and documents: <u>3</u>	

Documents to be recorded (including cover sheet) should be faxed to (703) 306-5995, or mailed to:
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O.Box 1450, Alexandria, V.A. 22313-1450

COPY 2 of 3

STATE OF WASHINGTON



SECRETARY OF STATE

RF SURGICAL SYSTEMS, INC.

PR CORP SERVICES, INC.
10900 NE 4TH ST STE 1850
BELLEVUE WA 98004

AMENDMENT

I, Sam Reed, Secretary of State of the State of Washington and custodian of its seal, hereby certify that documents meeting Washington statutory requirements have been filed and processed with the Secretary of State on behalf of:

RF SURGICAL SYSTEMS, INC.

A Washington Profit Corporation
UBI: 602 451 119
Filing Date: March 25, 2005
Effective Date: March 25, 2005

Previous Name:

RF RECON, INC.



Given under my hand and the seal of the State of Washington at Olympia, the State Capital.

Sam Reed, Secretary of State

602 451 119

03/25/2005 591263
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State of Washington
Corporations Division
Office of the Secretary of State

ARTICLES OF AMENDMENT
OF
RF RECON, INC.

FILED
SECRETARY OF STATE
SAM REED

March 25, 2005
STATE OF WASHINGTON

Pursuant to RCW 23B.10.060 of the Washington Business Corporation Act, the undersigned corporation hereby submits the following amendment to the corporation's Articles of Incorporation:

1. The name of the corporation is RF Recon, Inc.
2. The text of each amendment as adopted is as follows:

Article I of the Articles of Incorporation shall be amended in its entirety to read as follows:

ARTICLE I

NAME AND DURATION

The name of this corporation is RF Surgical Systems, Inc. The duration of the corporation's existence shall be perpetual.

3. No amendment provides for an exchange, reclassification, or cancellation of issued shares.
4. The date of adoption of the amendment was March 25, 2005.
5. The amendment was adopted by the Board of Directors pursuant to RCW 23B.10.020. Shareholder action was not required.
6. These Articles will be effective upon filing.

DATED this 25 day of March, 2005.

RF RECON, INC.

By: [Signature]
Kevin Cosens, President



**CERTIFICATE OF MAILING
PURSUANT TO 37 CFR § 1.8**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313-1450, on the following date of deposit: 13-October-2005

Date of signature: Oct 13, 2005


Certifier